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DIV OF PROFESSIONAL REGULATION - BD OF PHARM		
APP/DATE _____	AMT _____	CK# _____
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OFFICE OF DELAWARE STATE BOARD OF PHARMACY
JESSE COOPER BUILDING - ROOM 205
P. O. BOX 637
DOVER, DELAWARE 19903
Phone: 302-744-4547 Fax: 302-739-3071
www.professionallicensing.state.de.us

APPLICATION FOR PERMIT

No person shall operate any pharmacy within this State without first having obtained a permit to do so from the Board of Pharmacy

(This application must be accompanied with a non-refundable, pro-rated processing fee of \$ _____. Please contact the Board Office for the appropriate fee.)

(Please Print or Type)

Name of Pharmacy: _____

Address of Pharmacy: _____

(Street and number)

City and Zip: _____ Delaware, from October 1, _____ to September 30, 20 _____

who presents the following statements in support of right to be granted registration and permit as is provided for in Chapter 25, Title 24, Del. C. §§2524 to 2537.

Business Telephone: _____ (include area code) Email _____

Federal (DEA) Controlled Substances Registration Number: _____

State (CSA) Controlled Substance Registration Number: _____

1. Name or Title under which the Pharmacy is conducted: _____

2. If corporation, give date of charter and names and titles of principal officers:

_____	_____
_____	_____
_____	_____
_____	_____

3. If partnership, give names and titles of all active partners:

_____	_____
_____	_____
_____	_____

4. If individually owned, give name and address of owner:

12. Twenty-four Del. C. §2532 Equipment Requirements: (a) The Board shall prescribe the minimum of the professional and technical equipment and texts which a pharmacy shall at all times possess. Regulation I requires each pharmacy to have the following equipment and current edition of the following text

LIBRARY REFERENCES

Current Delaware State Laws and Regulations governing Pharmacy.
Current Federal Regulations governing the Food and Drug Act, and the Controlled Substances Act.
USP/DI Current Edition (all volumes and supplements)

A. DRUG INTERACTIONS:

Facts and Comparisons Drug Interactions (Metaphor)
Drug Interactions
Hansten's Drug Interactions
APhA Evaluation of Drug Interactions

B. DRUG INFORMATION:

Facts and Comparisons
American Hospital Formulary Service
American Drug Index
Pharmindex

(One of the above from each category is required, please circle books available)

Prescription Scales, Class A

Set of Apothecary Weights
Set of Metric Weights

Graduates (must be glass) Apothecary (Set No. 1)

One of Each:

60 min.
1 ounce
2 ounce
4 ounce
16 ounce

Graduates (must be glass) Metric (Set No. 2)

One of Each:

30 cc
60 cc
125 cc
500 cc
(or Set No. 1 with Metric and Apothecary Graduations may be used)

Mortars and Pestles

1 8 ounce glass
1 8 ounce wedgewood

One Glass Funnel

One Glass Stirring Rod

Filter Paper

Ointment Slab or Papers

Prescription/Physician Order Files

Purified Water

Two Spatulas

Physical Facilities: Have sufficient size, space sanitation, environmental control for adequate distribution, dispensing and storage of drugs and devices. Such facilities shall include:

1. A dispensing area of adequate size and space for proper compounding, dispensing and storage of drugs and devices, to ensure the safety and well being of the public and pharmacy personnel.

Prescription Department must occupy at least 250 square feet of floor space excluding a store room.

The prescription counter must be at least 18 inches wide with four linear feet kept clear for each pharmacist working concurrently.

2. Sufficient environmental control, i.e. lighting, ventilation, heating and cooling to maintain the integrity of drugs and devices. The area in which drugs and devices are stored shall be accurately monitored using control devices to maintain room temperature between 59° and 86° Fahrenheit.
3. The pharmacy department or prescription area must contain a sink with hot and cold running water. It must be large enough to accommodate the equipment required by the Board so that the utensils can be properly washed and sanitized.
4. Suitable refrigeration with appropriate monitoring device. Refrigerators and freezers (where required) will be maintained at the USP/NF range:

Refrigerator - 36° Fahrenheit

Freezer - minus 4° to minus 14° Fahrenheit.

5. A sign with letters not less than 3/4" in height in the vicinity of the prescription department visible to the public which shows the name of the pharmacists employed at that pharmacy or the name of the pharmacist on duty.

6. Security: No one but a pharmacist shall be able to unlock and lock the prescription department within the operation.

13. Twenty-four Del. C. §2533 Prescriptions; Preservation of Record: Every proprietor or manager of a pharmacy shall keep a suitable book or file, in which shall be preserved for a period of not less than three (3) years the original of every prescription compounded or dispensed at such pharmacy. Such book or file of original prescriptions shall at all times be open to inspection by duly authorized agents of the Board and the Board of Health

14. Twenty-four Del. C. §2553 Substitution of drugs: The drug is therapeutically equivalent according to:

FDA Approved Drug Products with Therapeutic Equivalence Evaluation (current edition and supplements)

YES ☐ Year _____

15. Regulation VI Dispensing requires the following:

Patient Profile Requirements: (Every item must be checked for compliance)

- ☐ (1) Family name and first name of patient;
- ☐ (2) Address of patient and phone number or location in institution;
- ☐ (3) Indication of patient's age group;
- ☐ (4) Original date of dispensing;
- ☐ (5) Number or designation for prescription;
- ☐ (6) Prescriber's name;
- ☐ (7) Name, strength and quantity of drug dispensed. Appropriate directions must also be present if medication is for patients in institutions;
- ☐ (8) Initials of dispensing pharmacist and date of dispensing medication as a refill if said initials and date are not recorded on original prescription;
- ☐ (9) If patient refuses to give all or part of the required information, the pharmacist shall indicate and initial in the appropriate area;
- ☐ (10) Record any allergies, idiosyncrasies of the patient, or any chronic conditions or diagnosis(es) which may relate to drug utilizations;
- ☐ (11) Patient profile record must be maintained for a period of not less than one year from the date of the last entry in the profile record, or in the case of an institution, the length of the patient's stay.
- ☐ (12) Prior to the delivery of a dispensed prescription for a new medication, the patient or his/her agent shall be informed of pertinent patient medication information concerning the drug, by the pharmacist.

16. I understand that I am responsible for conducting and managing the prescription department in compliance with applicable State and Federal laws.

Pharmacist-in-Charge: _____ Pharmacist License # _____
(Signature)

17. Have any of the officers/owners or pharmacists ever been convicted, fined, or had a license revoked for a violation of pharmacy or drug laws?

Yes ☐ No ☐

18. Have any of the officers, owners, or pharmacists ever applied for a pharmacy permit or controlled substances registration in any State and had the application denied?

Yes ☐

No ☐

19. Have any of the officers, owners, or pharmacists been convicted of a felony or are they presently charged with the commission of a felony?

Yes ☐

No ☐

If the answer to any of the above questions is yes, explain in detail. (Use separate sheet, if necessary.)

20. List the name, address, date of birth and social security number of each officer, owner and pharmacist:

Please note: When your application is complete, please allow 4-6 weeks to receive the permit. A complete application is one that includes all required documentation and correct payment..

Signature_____

Subscribed and sworn to before me this_____ day of_____

_____. Witness my hand and seal hereunto attached.

NOTARY PUBLIC

(This permit will expire on the last day of September biennially (even years). Permits are not transferable.)